

Jc891 U.S. PTO

Please type a plus sign (+) inside this box



PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

Attorney Docket No.	3504.246
---------------------	----------

First Inventor	OFFORD, R., et al.
----------------	--------------------

Title N-TERMINAL MODIFICATION OF.

Express Mail Label No.

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:**

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17) *(Submit an original and a duplicate for fee processing)*
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification [Total Pages  ]  
*(preferred arrangement set forth below)*
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☐ Drawing(s) (35 U.S.C. 113) [ Total Sheets  ]
5. Oath or Declaration [ Total Pages  ]
- a. ☐ Newly executed (original or copy)
- b. ☒ Copy from a prior application (37 CFR 1.63 (d))  
*(for continuation/divisional with Box 17 completed)*
- i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☒ paper
- c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))  
10. ☐ 37 CFR 3.73(b) Statement ☒ Power of Attorney  
(when there is an assignee)  
11. ☐ English Translation Document (if applicable)  
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations  
13. ☒ Preliminary Amendment  
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)  
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)  
16. ☐ Other: \_\_\_\_\_

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation      ☐ Divisional      ☐ Continuation-in-part (CIP)

of prior application No.: 08,141,833

**Prior application information:**

**Examiner**

**Group / Art Unit:**

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 18. CORRESPONDENCE ADDRESS

☐ *Customer Number or Bar Code Label*

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Jeffrey I. Auerbach				
Address	Liniak, Berenato, Longacre & White				
	6550 Rock Spring Drive, Suite 240				
City	Bethesda	State	MD	Zip Code	20817
Country	US	Telephone	301-896-0600	Fax	896-0607

Name (Print/Type)	Jeffrey I. Auerbach	Registration No. (Attorney/Agent)	32,680
-------------------	---------------------	-----------------------------------	--------

Signature		Date	10/4/00
-----------	-------------------------------------------------------------------------------------	------	---------

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

**BEST AVAILABLE COPY**